



QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2008
OF THE CONDITION AND AFFAIRS OF THE

Great Lakes Health Plan, Inc.

NAIC Group Code	0707	0707	NAIC Company Code	95467	Employer's ID Number	38-3204052
	(Current Period)	(Prior Period)				
Organized under the Laws of	Michigan			State of Domicile or Port of Entry	Michigan	
Country of Domicile	United States					
Licensed as business type:	Life, Accident & Health []		Property/Casualty []		Hospital, Medical & Dental Service or Indemnity []	
	Dental Service Corporation []		Vision Service Corporation []		Health Maintenance Organization [X]	
	Other []		Is HMO, Federally Qualified? Yes [] No [X]			
Incorporated/Organized	01/11/1994		Commenced Business		10/11/1994	
Statutory Home Office	17117 W. Nine Mile Rd., Suite 1600			Southfield, MI 48075		
	(Street and Number)			(City, State and Zip Code)		
Main Administrative Office	17117 W. Nine Mile Rd, Suite 1600		Southfield, MI 48075		248-559-5656	
	(Street and Number)		(City or Town, State and Zip Code)		(Area Code) (Telephone Number)	
Mail Address	17117 W. Nine Mile Rd., Suite 1600			Southfield, MI 48075		
	(Street and Number or P.O. Box)			(City or Town, State and Zip Code)		
Primary Location of Books and Records	17117 W. Nine Mile Rd, Suite 1600		Southfield, MI 48075		248-331-4284	
	(Street and Number)		(City, State and Zip Code)		(Area Code) (Telephone Number)	
Internet Website Address	www.glhp.com					
Statutory Statement Contact	Chris A. Scherer			248-331-4284		
	(Name)			(Area Code) (Telephone Number) (Extension)		
	cscherer@glhp.com			248-556-4640		
	(E-Mail Address)			(Fax Number)		

OFFICERS

Name	Title	Name	Title
Chris A. Scherer	President	Eric Wexler	Secretary
Robert W. Oberrender	Treasurer		

OTHER OFFICERS

Dawn Koehler	VP Government and Public Relations	Lisa Ann Gray	VP Customer Relations
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DIRECTORS OR TRUSTEES

Rodney C. Armstead M.D.	Chris A. Scherer	William E. Ralston	Laura A. Spicer
John J. Kaelin			

State of
County of SS

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Chris A. Scherer President	Eric Wexler Secretary	Robert W. Oberrender Treasurer
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a. Is this an original filing? Yes [X] No []

- b. If no,
- 1. State the amendment number
 - 2. Date filed
 - 3. Number of pages attached

Subscribed and sworn to before me this
day of
,

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds	37,877,516		37,877,516	44,031,294
2. Stocks:				
2.1 Preferred stocks			0	0
2.2 Common stocks			0	0
3. Mortgage loans on real estate:				
3.1 First liens			0	0
3.2 Other than first liens			0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$ encumbrances)			0	0
4.2 Properties held for the production of income (less \$ encumbrances)			0	0
4.3 Properties held for sale (less \$ encumbrances)			0	0
5. Cash (\$ (3,416,728)), cash equivalents (\$ 0) and short-term investments (\$ 56,148,661)	52,731,933		52,731,933	36,372,826
6. Contract loans, (including \$ premium notes)			0	0
7. Other invested assets	0	0	0	0
8. Receivables for securities			0	0
9. Aggregate write-ins for invested assets	0	0	0	0
10. Subtotals, cash and invested assets (Lines 1 to 9)	90,609,449	0	90,609,449	80,404,120
11. Title plants less \$ charged off (for Title insurers only)			0	0
12. Investment income due and accrued	406,395		406,395	506,266
13. Premiums and considerations:				
13.1 Uncollected premiums and agents' balances in the course of collection			0	0
13.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums)			0	0
13.3 Accrued retrospective premiums			0	0
14. Reinsurance:				
14.1 Amounts recoverable from reinsurers			0	0
14.2 Funds held by or deposited with reinsured companies			0	0
14.3 Other amounts receivable under reinsurance contracts			0	0
15. Amounts receivable relating to uninsured plans			0	0
16.1 Current federal and foreign income tax recoverable and interest thereon			0	0
16.2 Net deferred tax asset	2,234,387	1,812,913	421,474	421,474
17. Guaranty funds receivable or on deposit			0	0
18. Electronic data processing equipment and software			0	0
19. Furniture and equipment, including health care delivery assets (\$)	33,395	33,395	0	0
20. Net adjustment in assets and liabilities due to foreign exchange rates			0	0
21. Receivables from parent, subsidiaries and affiliates			0	0
22. Health care (\$) and other amounts receivable	2,614,799	118,968	2,495,831	3,369,634
23. Aggregate write-ins for other than invested assets	10,117,001	6,651,750	3,465,251	0
24. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 10 to 23)	106,015,426	8,617,026	97,398,400	84,701,494
25. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
26. Total (Lines 24 and 25)	106,015,426	8,617,026	97,398,400	84,701,494
DETAILS OF WRITE-INS				
0901.				
0902.				
0903.				
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999. Totals (Lines 0901 through 0903 plus 0998)(Line 9 above)	0	0	0	0
2301. Intangible Asset	6,651,750	6,651,750	0	0
2302. Compensation for estimated taxes due to Michigan Business Tax law change	3,465,251		3,465,251	0
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398)(Line 23 above)	10,117,001	6,651,750	3,465,251	0

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ reinsurance ceded)	45,170,906		45,170,906	38,672,401
2. Accrued medical incentive pool and bonus amounts			0	0
3. Unpaid claims adjustment expenses	955,630		955,630	895,247
4. Aggregate health policy reserves			0	0
5. Aggregate life policy reserves			0	0
6. Property/casualty unearned premium reserve			0	0
7. Aggregate health claim reserves			0	0
8. Premiums received in advance			0	0
9. General expenses due or accrued	819,853		819,853	1,354,931
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized gains (losses))	235,290		235,290	887,876
10.2 Net deferred tax liability.....			0	0
11. Ceded reinsurance premiums payable			0	0
12. Amounts withheld or retained for the account of others			0	0
13. Remittances and items not allocated			0	0
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current)			0	0
15. Amounts due to parent, subsidiaries and affiliates	111,689		111,689	258,892
16. Payable for securities			0	0
17. Funds held under reinsurance treaties with (\$ authorized reinsurers and \$ unauthorized reinsurers)			0	0
18. Reinsurance in unauthorized companies			0	0
19. Net adjustments in assets and liabilities due to foreign exchange rates			0	0
20. Liability for amounts held under uninsured plans			0	0
21. Aggregate write-ins for other liabilities (including \$ current)	4,228,664	0	4,228,664	653,921
22. Total liabilities (Lines 1 to 21).....	51,522,032	0	51,522,032	42,723,268
23. Aggregate write-ins for special surplus funds	XXX	XXX	0	0
24. Common capital stock	XXX	XXX		0
25. Preferred capital stock	XXX	XXX		0
26. Gross paid in and contributed surplus	XXX	XXX	22,003,392	35,763,489
27. Surplus notes	XXX	XXX		0
28. Aggregate write-ins for other than special surplus funds	XXX	XXX	0	0
29. Unassigned funds (surplus)	XXX	XXX	23,872,976	6,214,737
30. Less treasury stock, at cost:				
30.1 shares common (value included in Line 24) \$)	XXX	XXX		0
30.2 shares preferred (value included in Line 25) \$)	XXX	XXX		0
31. Total capital and surplus (Lines 23 to 29 minus Line 30)	XXX	XXX	45,876,368	41,978,226
32. Total liabilities, capital and surplus (Lines 22 and 31)	XXX	XXX	97,398,400	84,701,494
DETAILS OF WRITE-INS				
2101. Escheat Funds.....	161,714		161,714	162,643
2102. QAAP Tax.....	529,007		529,007	491,278
2103. State Income Tax.....	3,537,943		3,537,943	0
2198. Summary of remaining write-ins for Line 21 from overflow page	0	0	0	0
2199. Totals (Lines 2101 thru 2103 plus 2198) (Line 21 above)	4,228,664	0	4,228,664	653,921
2301.	XXX	XXX		
2302.	XXX	XXX		
2303.	XXX	XXX		
2398. Summary of remaining write-ins for Line 23 from overflow page	XXX	XXX	0	0
2399. Totals (Lines 2301 thru 2303 plus 2398) (Line 23 above)	XXX	XXX	0	0
2801.	XXX	XXX		
2802.	XXX	XXX		
2803.	XXX	XXX		
2898. Summary of remaining write-ins for Line 28 from overflow page	XXX	XXX	0	0
2899. Totals (Lines 2801 thru 2803 plus 2898) (Line 28 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months.....	XXX	1,506,667	1,374,720	1,852,913
2. Net premium income (including \$ non-health premium income).....	XXX	394,113,154	316,878,065	440,431,912
3. Change in unearned premium reserves and reserve for rate credits	XXX		.0	.0
4. Fee-for-service (net of \$ medical expenses)	XXX		.0	.0
5. Risk revenue	XXX		.0	.0
6. Aggregate write-ins for other health care related revenues	XXX	(21,662,548)	(18,726,989)	(26,466,900)
7. Aggregate write-ins for other non-health revenues	XXX	.0	.0	.0
8. Total revenues (Lines 2 to 7)	XXX	372,450,606	298,151,076	413,965,012
Hospital and Medical:				
9. Hospital/medical benefits		262,273,471	205,206,590	285,052,898
10. Other professional services		10,762,112	8,567,682	11,586,226
11. Outside referrals .....			.0	.0
12. Emergency room and out-of-area		14,862,276	12,635,517	17,137,738
13. Prescription drugs		43,066,438	40,019,952	53,948,795
14. Aggregate write-ins for other hospital and medical.....	.0	.0	.0	.0
15. Incentive pool, withhold adjustments and bonus amounts.....			.0	.0
16. Subtotal (Lines 9 to 15) .....	.0	330,964,297	266,429,741	367,725,656
Less:				
17. Net reinsurance recoveries		525,200	.0	444,527
18. Total hospital and medical (Lines 16 minus 17) .....	.0	330,439,097	266,429,741	367,281,129
19. Non-health claims (net).....			.0	.0
20. Claims adjustment expenses, including \$ 3,795,758 .....cost containment expenses.....		4,807,827	4,428,671	5,927,861
21. General administrative expenses.....		35,135,024	27,176,397	35,408,122
22. Increase in reserves for life and accident and health contracts including \$ increase in reserves for life only).....			.0	.0
23. Total underwriting deductions (Lines 18 through 22) .....	.0	370,381,948	298,034,809	408,617,112
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	2,068,658	116,266	5,347,900
25. Net investment income earned		2,305,900	2,735,176	3,637,611
26. Net realized capital gains (losses) less capital gains tax of \$.....			.0	.7
27. Net investment gains (losses) (Lines 25 plus 26) .....	.0	2,305,900	2,735,176	3,637,618
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$).....			.0	.0
29. Aggregate write-ins for other income or expenses .....	.0	.0	.0	.0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	4,374,558	2,851,442	8,985,518
31. Federal and foreign income taxes incurred	XXX	2,664,158	1,114,338	2,035,542
32. Net income (loss) (Lines 30 minus 31)	XXX	1,710,400	1,737,104	6,949,976
DETAILS OF WRITE-INS				
0601. QAAP Assessment.....	XXX	(21,662,548)	(18,726,989)	(26,466,900)
0602.	XXX			
0603.	XXX			
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	.0	.0	.0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	XXX	(21,662,548)	(18,726,989)	(26,466,900)
0701.	XXX			
0702.	XXX			
0703.	XXX			
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	.0	.0	.0
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above)	XXX	0	0	0
1401. ....			.0	.0
1402. ....			.0	.0
1403.				
1498. Summary of remaining write-ins for Line 14 from overflow page .....	.0	.0	.0	.0
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)	0	0	0	0
2901.				
2902.				
2903.				
2998. Summary of remaining write-ins for Line 29 from overflow page .....	.0	.0	.0	.0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)	0	0	0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year
CAPITAL AND SURPLUS ACCOUNT:			
33. Capital and surplus prior reporting year.....	41,978,226	35,375,558	35,375,558
34. Net income or (loss) from Line 32.....	1,710,400	1,737,104	6,949,976
35. Change in valuation basis of aggregate policy and claim reserves.....		0	0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$.....		0	0
37. Change in net unrealized foreign exchange capital gain or (loss).....		0	0
38. Change in net deferred income tax.....		0	43,960
39. Change in nonadmitted assets.....	2,199,159	798,820	1,336,400
40. Change in unauthorized reinsurance.....	0	0	0
41. Change in treasury stock.....		0	0
42. Change in surplus notes.....	0	0	0
43. Cumulative effect of changes in accounting principles.....		0	(1,727,668)
44. Capital Changes:			
44.1 Paid in.....	(10,680,494)	0	0
44.2 Transferred from surplus (Stock Dividend).....		0	0
44.3 Transferred to surplus.....		0	0
45. Surplus adjustments:			
45.1 Paid in.....		0	0
45.2 Transferred to capital (Stock Dividend).....	0	0	0
45.3 Transferred from capital.....		0	0
46. Dividends to stockholders.....		0	0
47. Aggregate write-ins for gains or (losses) in surplus.....	10,669,077	0	0
48. Net change in capital & surplus (Lines 34 to 47).....	3,898,142	2,535,924	6,602,668
49. Capital and surplus end of reporting period (Line 33 plus 48)	45,876,368	37,911,482	41,978,226
DETAILS OF WRITE-INS			
4701. Change in Tax Provision from prior period.....	(11,417)	0	0
4702. To correct additional paid in capital balance.....	10,680,494	0	0
4703.			
4798. Summary of remaining write-ins for Line 47 from overflow page.....	0	0	0
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	10,669,077	0	0

CASH FLOW

	1 Current Year To Date	2 Prior Year Ended December 31
Cash from Operations		
1. Premiums collected net of reinsurance.....	370,138,525	412,755,295
2. Net investment income	2,553,911	3,268,317
3. Miscellaneous income	0	0
4. Total (Lines 1 to 3)	372,692,436	416,023,612
5. Benefits and loss related payments	323,940,593	355,190,655
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions	34,923,010	44,153,112
8. Dividends paid to policyholders	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)	3,328,161	1,455,382
10. Total (Lines 5 through 9)	362,191,764	400,799,149
11. Net cash from operations (Line 4 minus Line 10)	10,500,672	15,224,463
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	9,101,084	555,652
12.2 Stocks	0	0
12.3 Mortgage loans	0	0
12.4 Real estate	0	0
12.5 Other invested assets	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	0
12.7 Miscellaneous proceeds	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	9,101,084	555,652
13. Cost of investments acquired (long-term only):		
13.1 Bonds	3,095,446	43,679,916
13.2 Stocks	0	0
13.3 Mortgage loans	0	0
13.4 Real estate	0	0
13.5 Other invested assets	0	0
13.6 Miscellaneous applications	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	3,095,446	43,679,916
14. Net increase (or decrease) in contract loans and premium notes	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	6,005,638	(43,124,264)
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes	0	0
16.2 Capital and paid in surplus, less treasury stock.....	0	0
16.3 Borrowed funds	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0
16.5 Dividends to stockholders	0	0
16.6 Other cash provided (applied).....	(147,203)	(2,984,145)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	(147,203)	(2,984,145)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	16,359,107	(30,883,946)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year.....	36,372,826	67,256,772
19.2 End of period (Line 18 plus Line 19.1)	52,731,933	36,372,826

STATEMENT AS OF SEPTEMBER 30, 2008 OF THE Great Lakes Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION										
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	160,502	.0	.0	.0	.0	.0	.0	.0	160,502	.0
2 First Quarter	165,094	.0	.0	.0	.0	.0	.0	.0	165,094	.0
3 Second Quarter	168,394	.0	.0	.0	.0	.0	.0	.164	168,230	.0
4. Third Quarter	172,062							.273	171,789	
5. Current Year	.0									
6 Current Year Member Months	1,506,667							1,198	1,505,469	
Total Member Ambulatory Encounters for Period:										
7. Physician	740,253							.992	739,261	
8. Non-Physician	476,739							.593	476,146	
9. Total	1,216,992	.0	.0	.0	.0	.0	.0	1,585	1,215,407	.0
10. Hospital Patient Days Incurred	.60,103							.34	.60.069	
11. Number of Inpatient Admissions	13,960							.167	.13,793	
12. Health Premiums Written	395,089,780							1,225,282	393,864,498	
13. Life Premiums Direct.....	.0									
14. Property/Casualty Premiums Written .....	.0									
15. Health Premiums Earned	395,089,780							1,225,282	393,864,498	
16. Property/Casualty Premiums Earned .....	.0									
17. Amount Paid for Provision of Health Care Services	323,940,593							348,355	323,592,238	
18. Amount Incurred for Provision of Health Care Services	330,964,297			0				539,282	330,425,015	

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$1,225,282

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UNDERWRITING AND INVESTMENT EXHIBIT
ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability Dec. 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec. 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital & medical)					0	0
2. Medicare Supplement					0	0
3. Dental Only					0	0
4. Vision Only					0	0
5. Federal Employees Health Benefits Plan					0	0
6. Title XVIII - Medicare		539,282		348,355	0	0
7. Title XIX - Medicaid	26,279,219	297,122,093	177,318	44,645,233	26,456,537	38,672,401
8. Other Health					0	0
9. Health Subtotal (Lines 1 to 8).....	26,279,219	297,661,375	177,318	44,993,588	26,456,537	38,672,401
10. Healthcare receivables (a)					0	0
11. Other non-health					0	0
12. Medical incentive pools and bonus amounts					0	0
13. Totals	26,279,219	297,661,375	177,318	44,993,588	26,456,537	38,672,401

(a) Excludes \$ loans and advances to providers not yet expensed.

NOTES TO FINANCIAL STATEMENTS

- (1) **Significant Accounting Policies** – No change.
- (2) **Accounting Changes and Corrections of Errors**
In 2008, the Company recorded a prior period adjustment of \$11,417 representing a tax provision adjustment that was made after the December 31, 2007 annual statement was filed. The change was reported in the 2007 audited financial statements.
- (3) **Business Combinations and Goodwill**-- No change.
- (4) **Discontinued Operations**-- No change.
- (5) **Investments**-- No change.
- (6) **Joint Ventures, Partnerships and Limited Liability Companies**-- No change.
- (7) **Investment Income**-- No Change.
- (8) **Derivative Investments**-- No change.
- (9) **Income Taxes**-- No change.
- (10) **Information Concerning Parent, Subsidiaries and Affiliates**-- No change.
- (11) **Debt**-- No change.
- (12) **Retirement Plans, Deferred Compensation, Post-employment Benefits and Compensated Absences and Other Postretirement Benefit Plans**-- No change.
- (13) **Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations**
The Company adjusted the contributed capital balance to \$22,003,392 with an offsetting adjustment to unassigned funds to be consistent with the 2007 audited financial statements. The reclassification did not affect total capital and surplus.
- (14) **Contingencies** – No change.
- (15) **Leases** - No change.
- (16) **Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk** - No change.
- (17) **Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities** - No change.
- (18) **Gain or Loss to the Reporting Entity from Uninsured A&H Plans and the Uninsured Portion of Partially Insured Plans** – No change.
- (19) **Direct Premium Written/Produced by Managing General Agents/Third Party Administrators**- No change.
- (20) **Other Items** - No change.
- (21) **Events Subsequent** - No change.
- (22) **Reinsurance** - No change.
- (23) **Retrospectively Rated Contracts & Contracts Subject to Redetermination** - No change.
- (24) **Change in Incurred Claims and Claim Adjustment Expense**- No change.
- (25) **Inter-company Pooling Arrangements**- No change.
- (26) **Structured Settlements**- No change.
- (27) **Health Care Receivables**- No change.
- (28) **Participating Policies**- No change.
- (29) **Premium Deficiency Reserves**- No change.
- (30) **Anticipated Salvage and Subrogation**- No change.

GENERAL INTERROGATORIES

(Responses to these interrogatories should be based on changes that have occurred since the prior year end unless otherwise noted.)

PART 1 - COMMON INTERROGATORIES
GENERAL

- 1.1

Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?

Yes ☐ No ☒
- 1.2

If yes, has the report been filed with the domiciliary state?

Yes ☐ No ☐
- 2.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes ☐ No ☒
- 2.2

If yes, date of change:
If not previously filed, furnish herewith a certified copy of the instrument as amended.
3.

Have there been any substantial changes in the organizational chart since the prior quarter end?
If yes, complete the Schedule Y - Part 1 - organizational chart.

Yes ☒ No ☐
- 4.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes ☐ No ☒
- 4.2

If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile

5.

If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?
If yes, attach an explanation.

Yes ☐ No ☒ NA ☐
- 6.1

State as of what date the latest financial examination of the reporting entity was made or is being made.

12/31/2004
- 6.2

State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

12/31/2004
- 6.3

State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

06/07/2006
- 6.4

By what department or departments?
State of Michigan Office of Financial and Insurance Services.
- 6.5

Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes ☒ No ☐ NA ☐
- 6.6

Have all of the recommendations within the latest financial examination report been complied with?

Yes ☒ No ☐ NA ☐
- 7.1

Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes ☐ No ☒
- 7.2

If yes, give full information:
- 8.1

Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes ☐ No ☒
- 8.2

If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3

Is the company affiliated with one or more banks, thrifts or securities firms?

Yes ☒ No ☐
- 8.4

If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Office of Thrift Supervision (OTS), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.]

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 OTS	6 FDIC	7 SEC
OptumHealth Bank	Salt Lake City, Utah				Yes	

GENERAL INTERROGATORIES

- 9.1

Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?.....

Yes ☒ No ☐
- (a)

Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- (b)

Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- (c)

Compliance with applicable governmental laws, rules and regulations;
- (d)

The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- (e)

Accountability for adherence to the code.
- 9.11

If the response to 9.1 is No, please explain:
- 9.2

Has the code of ethics for senior managers been amended?.....

Yes ☐ No ☒
- 9.21

If the response to 9.2 is Yes, provide information related to amendment(s).
- 9.3

Have any provisions of the code of ethics been waived for any of the specified officers?.....

Yes ☐ No ☒
- 9.31

If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

- 10.1

Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?.....

Yes ☐ No ☒
- 10.2

If yes, indicate any amounts receivable from parent included in the Page 2 amount:.....

\$

INVESTMENT

- 11.1

Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.)

Yes ☐ No ☒
- 11.2

If yes, give full and complete information relating thereto:
12.

Amount of real estate and mortgages held in other invested assets in Schedule BA:

\$
13.

Amount of real estate and mortgages held in short-term investments:

\$
- 14.1

Does the reporting entity have any investments in parent, subsidiaries and affiliates?

Yes ☐ No ☒
- 14.2

If yes, please complete the following:

	1	2
	Prior Year-End Book/Adjusted Carrying Value	Current Quarter Book/Adjusted Carrying Value
14.21 Bonds	\$	\$
14.22 Preferred Stock	\$	\$
14.23 Common Stock	\$	\$
14.24 Short-Term Investments	\$	\$
14.25 Mortgage Loans on Real Estate	\$	\$
14.26 All Other	\$	\$
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26).....	\$0	\$0
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above	\$	\$
- 15.1

Has the reporting entity entered into any hedging transactions reported on Schedule DB?

Yes ☐ No ☒
- 15.2

If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?

Yes ☐ No ☐

If no, attach a description with this statement.

GENERAL INTERROGATORIES

16. Excluding items in Schedule E, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 3, III Conducting Examinations, G - Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?

Yes [X] No []

16.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian Address
State Street Bank.....	801 Pennsylvania Avenue, Kansas City MO 64105.....

16.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)

16.3 Have there been any changes, including name changes in the custodian(s) identified in 16.1 during the current quarter?

Yes [] No [X]

16.4 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason

16.5 Identify all investment advisors, brokers/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1 Central Registration Depository	2 Name(s)	3 Address
106595.....	Wellington Management Company, LLP.....	75 State Street, Boston MA 02109.....

17.1 Have all the filing requirements of the *Purposes and Procedures Manual* of the NAIC Securities Valuation Office been followed?

Yes [X] No []

17.2 If no, list exceptions:

.....

Showing All New Reinsurance Treaties - Current Year to Date

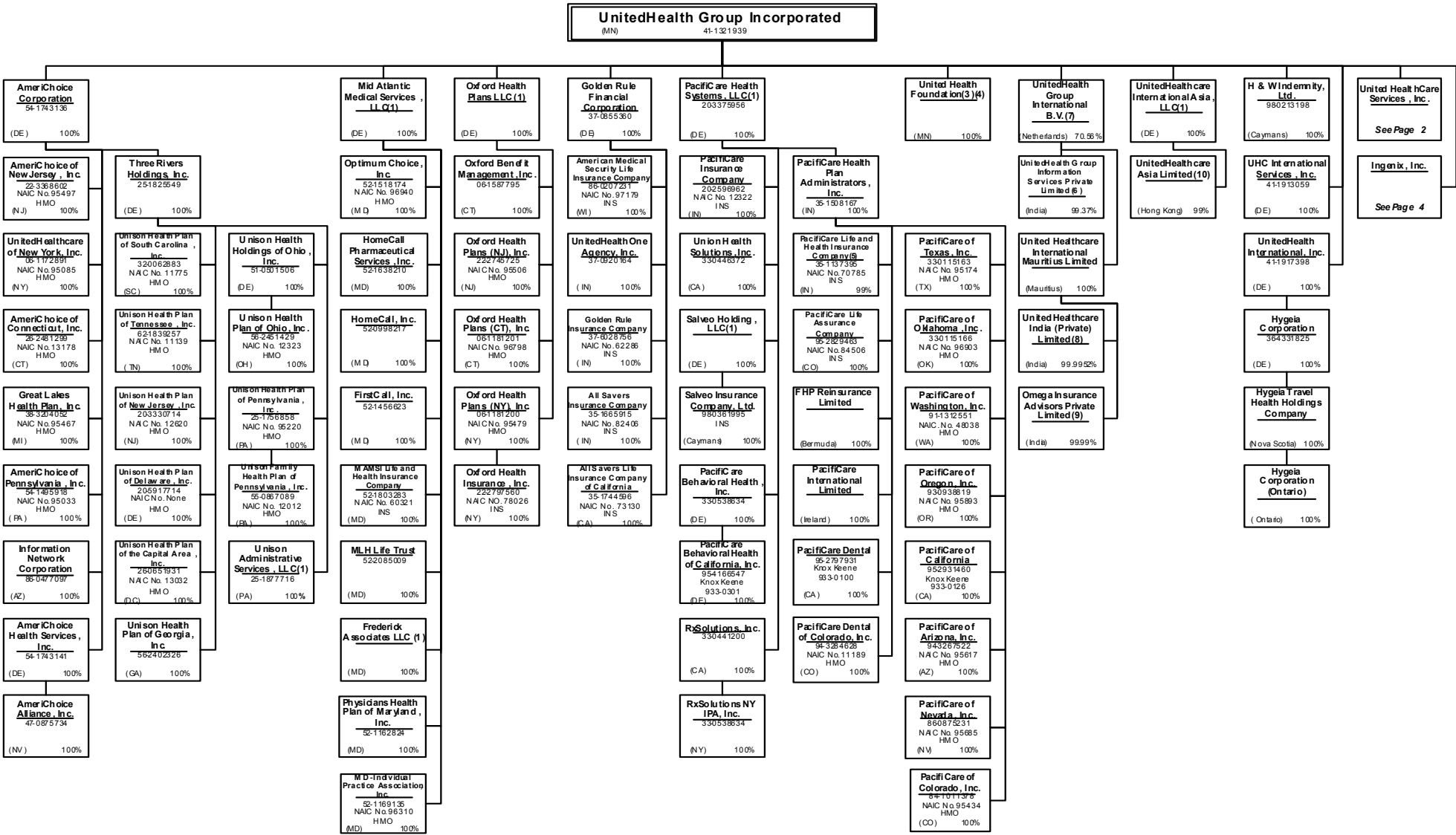
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SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

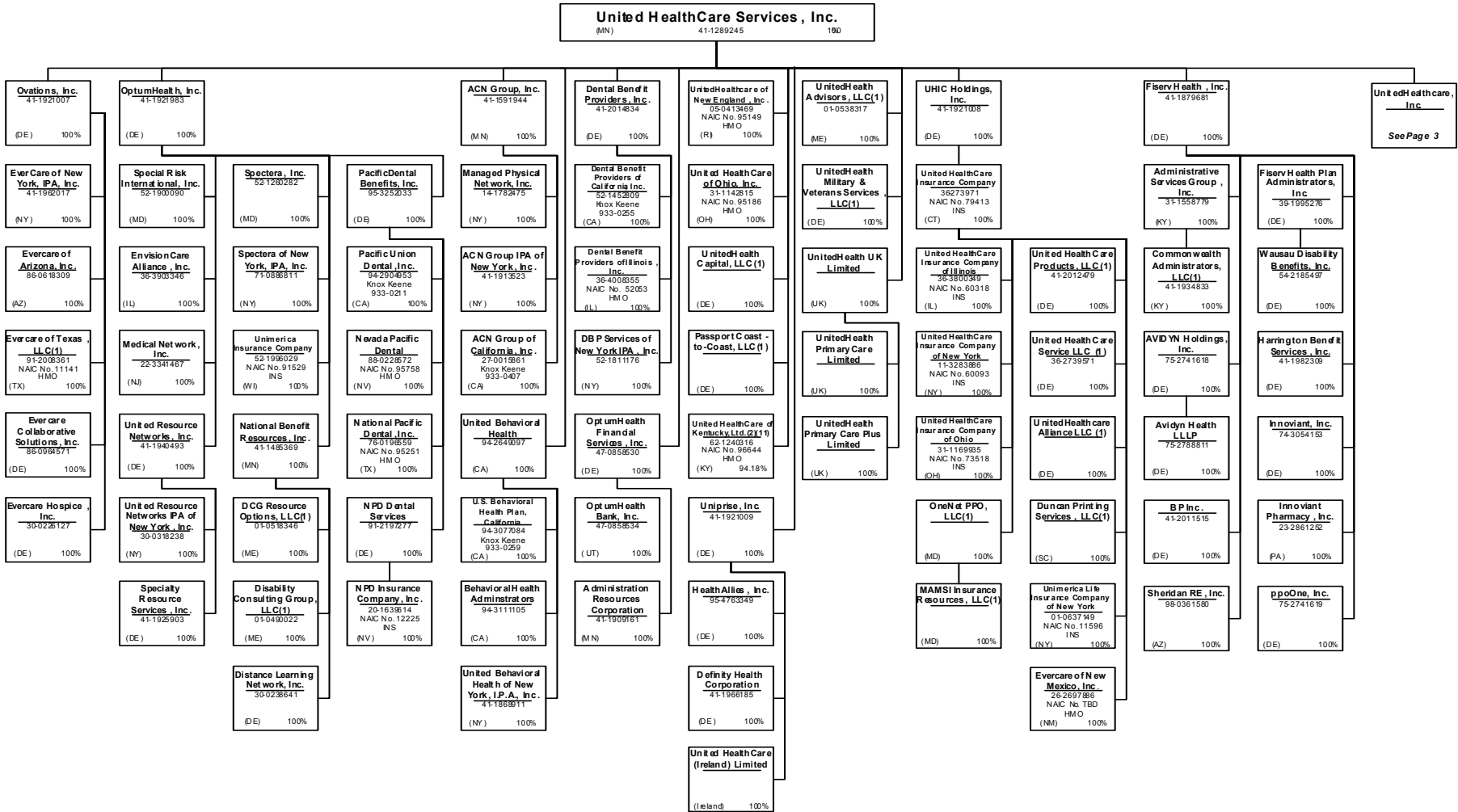
Current Year to Date - Allocated by States and Territories										
		1	Direct Business Only							
			2	3	4	5	6	7	8	9
States, Etc.		Active Status	Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefit Program Premiums	Life & Annuity Premiums & Other Considerations	Property/ Casualty Premiums	Total Columns 2 Through 7	Deposit-Type Contracts
1.	Alabama	AL	N						.0	
2.	Alaska	AK	N						.0	
3.	Arizona	AZ	N						.0	
4.	Arkansas	AR	N						.0	
5.	California	CA	N						.0	
6.	Colorado	CO	N						.0	
7.	Connecticut	CT	N						.0	
8.	Delaware	DE	N						.0	
9.	District of Columbia	DC	N						.0	
10.	Florida	FL	N						.0	
11.	Georgia	GA	N						.0	
12.	Hawaii	HI	N						.0	
13.	Idaho	ID	N						.0	
14.	Illinois	IL	N						.0	
15.	Indiana	IN	N						.0	
16.	Iowa	IA	N						.0	
17.	Kansas	KS	N						.0	
18.	Kentucky	KY	N						.0	
19.	Louisiana	LA	N						.0	
20.	Maine	ME	N						.0	
21.	Maryland	MD	N						.0	
22.	Massachusetts	MA	N						.0	
23.	Michigan	MI	L	1,225,282	393,864,498				395,089,780	
24.	Minnesota	MN	N						.0	
25.	Mississippi	MS	N						.0	
26.	Missouri	MO	N						.0	
27.	Montana	MT	N						.0	
28.	Nebraska	NE	N						.0	
29.	Nevada	NV	N						.0	
30.	New Hampshire	NH	N						.0	
31.	New Jersey	NJ	N						.0	
32.	New Mexico	NM	N						.0	
33.	New York	NY	N						.0	
34.	North Carolina	NC	N						.0	
35.	North Dakota	ND	N						.0	
36.	Ohio	OH	N						.0	
37.	Oklahoma	OK	N						.0	
38.	Oregon	OR	N						.0	
39.	Pennsylvania	PA	N						.0	
40.	Rhode Island	RI	N						.0	
41.	South Carolina	SC	N						.0	
42.	South Dakota	SD	N						.0	
43.	Tennessee	TN	N						.0	
44.	Texas	TX	N						.0	
45.	Utah	UT	N						.0	
46.	Vermont	VT	N						.0	
47.	Virginia	VA	N						.0	
48.	Washington	WA	N						.0	
49.	West Virginia	WV	N						.0	
50.	Wisconsin	WI	N						.0	
51.	Wyoming	WY	N						.0	
52.	American Samoa	AS	N						.0	
53.	Guam	GU	N						.0	
54.	Puerto Rico	PR	N						.0	
55.	U.S. Virgin Islands	VI	N						.0	
56.	Northern Mariana Islands	MP	N						.0	
57.	Canada	CN	N						.0	
58.	Aggregate Other Alien	OT	XXX	.0	.0	.0	.0	.0	.0	.0
59.	Subtotal	XXX	.0	1,225,282	393,864,498	.0	.0	.0	395,089,780	.0
60.	Reporting entity contributions for Employee Benefit Plans	XXX							.0	
61.	Total (Direct Business)	(a) 1	0	1,225,282	393,864,498	0	0	0	395,089,780	0
DETAILS OF WRITE-INS										
5801.		XXX								
5802.		XXX								
5803.		XXX								
5898.	Summary of remaining write-ins for Line 58 from overflow page	XXX	.0	.0	.0	.0	.0	.0	.0	.0
5899.	Totals (Lines 5801 through 5803 plus 5898) (Line 58 above)	XXX	0	0	0	0	0	0	0	0

(a) Insert the number of L responses except for Canada and other Alien.

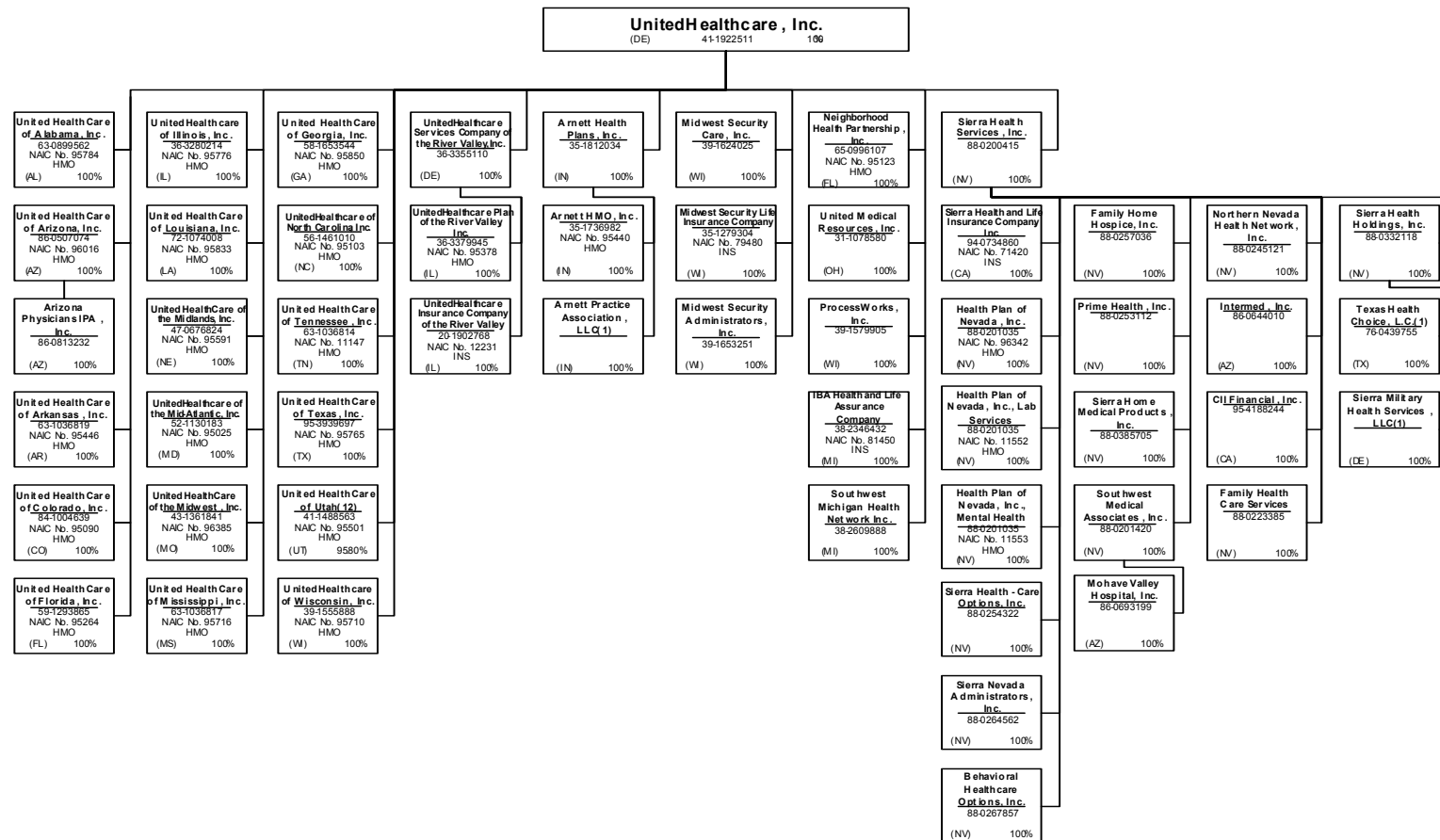
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART



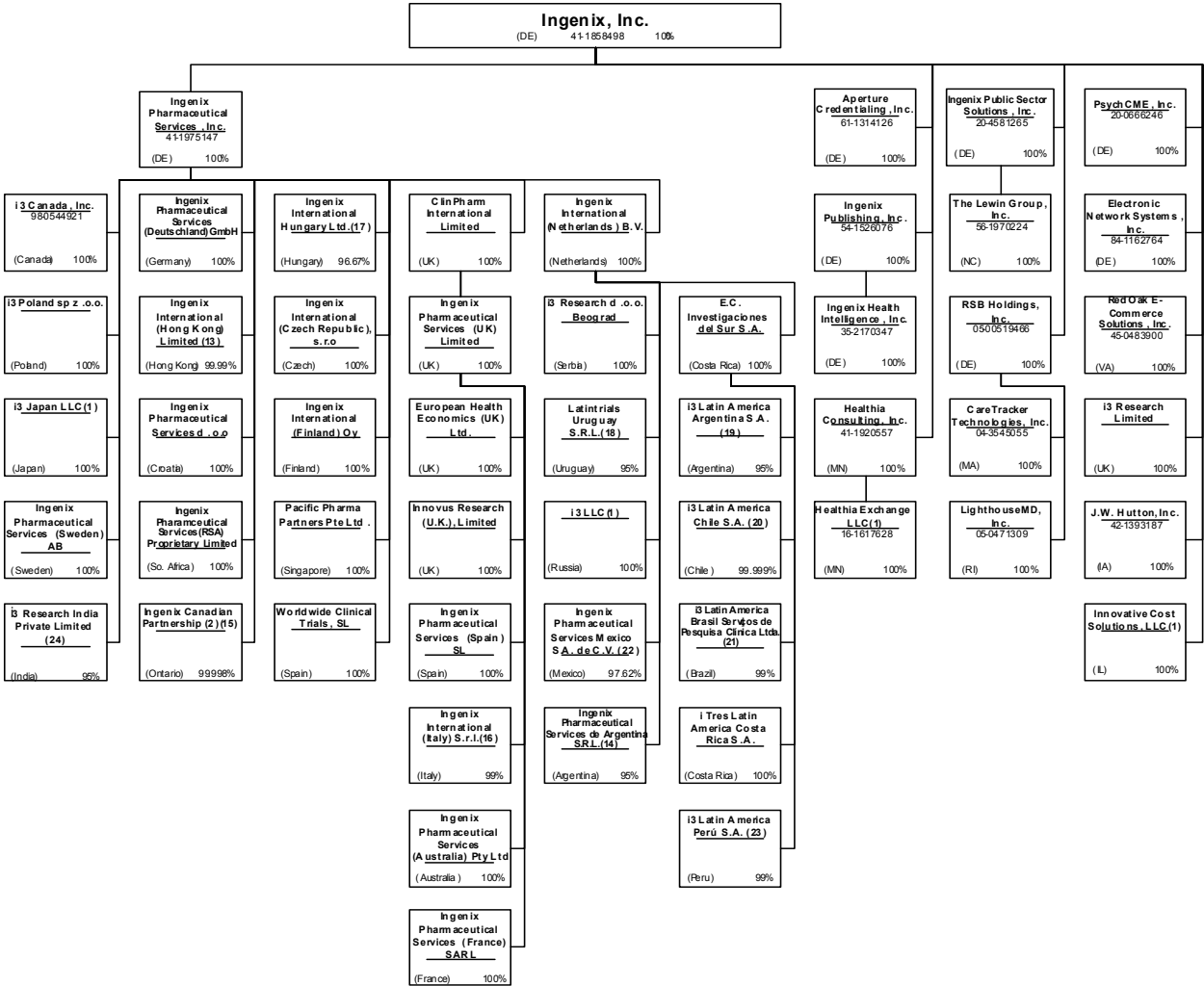
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART



SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART



SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART



SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART

Notes

All legal entities on the Organization Chart are Corporations unless otherwise indicated

(1) Entity is a Limited Liability Company

(2) Entity is a Partnership

(3) Entity is a Non-Profit Corporation

(4) Control of the Foundation is based on sole membership, not the ownership of voting securities

(5) PacifiCare Life and Health Insurance Company is 99% owned by PacifiCare Health Plan Administrators, Inc. and 1% owned by PacifiCare Health Systems LLC

(6) UnitedHealth Group Information Services Private Limited is 99.37% owned by UnitedHealth Group International B.V.. The remaining 0.63% is owned by UnitedHealth International Inc.

(7) UnitedHealth Group International B.V. is 70.56% owned by UnitedHealth Group Incorporated and 29.44% owned by United HealthCare Services, Inc.

(8) United Healthcare India (Private) Limited is 99.9952% owned by United Healthcare International Mauritius Limited and 0.0048% owned by UnitedHealth International, Inc.

(9) Omega Insurance Advisors Private Limited is 99.99% owned by United Healthcare India (Private) Limited and 0.01% owned by an individual shareholder

(10) UnitedHealthcare Asia Limited is 99% owned by UnitedHealthcare International Asia, LLC and 1% owned by UnitedHealth International, Inc.

(11) General partnership interests are held by United HealthCare Services, Inc. (89.77%) and by UnitedHealthcare, Inc. (10.23%). United HealthCare Services, Inc. also holds 100% of the limited partnership interests. When combining general and limited partner interests, United HealthCare Services, Inc. owns 94.18% and UnitedHealthcare, Inc. owns 5.83%.

(12) United HealthCare of Utah is 95.80% owned by UnitedHealthcare, Inc. and 4.20% owned by 34 physicians / physician groups

(13) Ingenix International (Hong Kong) Limited is 99.99% owned by Ingenix Pharmaceutical Services, Inc. and 0.01% owned by Ingenix, Inc.

(14) Ingenix Pharmaceutical Services de Argentina S.R.L. is 95% owned by Ingenix International (Netherlands) B.V. and 5% owned by Ingenix, Inc.

(15) Ingenix Canada Partnership is 99.998% owned by Ingenix Pharmaceutical Services, Inc. and 0.002% owned by Ingenix, Inc.

(16) Ingenix International (Italy) S.r.l. is 99% owned by Ingenix Pharmaceutical Services (UK) Limited and 1% owned by Ingenix Pharmaceutical Services, Inc.

(17) Ingenix International Hungary Ltd. is 96.67% owned by Ingenix Pharmaceutical Services, Inc. and 3.33% owned by Ingenix, Inc.

(18) Latintrials Uruguay S.R.L. is 95% owned by Ingenix International (Netherlands) BV and 5% owned by Ingenix Pharmaceutical Services, Inc.

(19) i3 Latin America Argentina S.A. is 95% owned by E.C. Investigaciones del Sur S.A. and 5% owned by Ingenix Pharmaceutical Services, Inc.

(20) i3 Latin America Chile S.A. is 99.999% owned by E.C. Investigaciones del Sur S.A. and 0.0001% owned by Ingenix Pharmaceutical Services, Inc.

(21) i3 Latin America Brasil Serviços de Pesquisa Clínica Ltda. is 99% owned by E.C. Investigaciones del Sur S.A. and 1% owned by i3 Latin America Costa Rica SA.

(22) Ingenix Pharmaceutical Services Mexico S.A. de C.V. is 97.62% owned by Ingenix International (Netherlands) B.V. and 2.38% owned by E.C. Investigaciones del Sur S.A.. The remaining 0.02% is owned by i3 Latin America Argentina S.A..

(23) i3 Latin America Perú S.A. is 99% owned by E.C. Investigaciones del Sur S.A. and 1% owned by i3 Latin America Argentina S.A..

(24) i3 Research India Private Limited is 95% owned by Ingenix Pharmaceutical Services, Inc. and 5% owned by Ingenix, Inc.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplemental is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

RESPONSE

1. Will the Medicare Part D Coverage Statement be filed with the state of domicile and the NAIC with this statement?

.....YES.....

Explanation:

Bar Code:

OVERFLOW PAGE FOR WRITE-INS

SCHEDULE A - VERIFICATION

Real Estate

	1	2
	Year to Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	0	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisitions		
2.2 Additional investment made after acquisitions		
3. Current year change in encumbrances		
4. Total gain (loss) on disposals		0
5. Deduct amounts received on disposals		0
6. Total foreign exchange change in book/adjusted carrying value		0
7. Deduct current year's other than temporary impairment recognized		
8. Deduct current year's depreciation		
9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8)	0	0
10. Deduct total nonadmitted amount		0
11. Statement value at end of current period (Line 9 minus Line 10)	0	0

SCHEDULE B – VERIFICATION

Mortgage Loans

	1	2
	Year to Date	Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest at December 31 of prior year	0	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisitions		0
2.2 Additional investment made after acquisitions		0
3. Capitalized deferred interest and other		
4. Accrual of discount		
5. Unrealized valuation increase (decrease)		
6. Total gain (loss) on disposals		0
7. Deduct amounts received on disposals		0
8. Deduct amortization of premium and mortgage interest points and commitment fees		
9. Total foreign exchange change in book value/recorded investment excluding accrued interest		
10. Deduct current year's other than temporary impairment recognized		0
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)	0	0
12. Deduct total nonadmitted accounts		0
13. Statement value at end of current period (Line 11 minus Line 12)	0	0

SCHEDULE BA – VERIFICATION

Other Long Term Invested Assets

	1	2
	Year to Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	0	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisitions		0
2.2 Additional investment made after acquisitions		0
3. Capitalized deferred interest and other		
4. Accrual of discount		0
5. Unrealized valuation increase (decrease)		
6. Total gain (loss) on disposals		0
7. Deduct amounts received on disposals		0
8. Deduct amortization of premium and depreciation		0
9. Total foreign exchange change in book/adjusted carrying value		0
10. Deduct current year's other than temporary impairment recognized		
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)	0	0
12. Deduct total nonadmitted amounts		0
13. Statement value at end of current period (Line 11 minus Line 12)	0	0

SCHEDULE D – VERIFICATION

Bonds and Stocks

	1	2
	Year to Date	Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	44,031,294	1,021,327
2. Cost of bonds and stocks acquired	3,142,564	43,679,916
3. Accrual of discount	27,222	9,208
4. Unrealized valuation increase (decrease)	0	0
5. Total gain (loss) on disposals	127,210	0
6. Deduct consideration for bonds and stocks disposed of	9,101,084	555,652
7. Deduct amortization of premium	175,362	123,505
8. Total foreign exchange change in book/adjusted carrying value	0	0
9. Deduct current year's other than temporary impairment recognized	174,328	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	37,877,516	44,031,294
11. Deduct total nonadmitted amounts	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	37,877,516	44,031,294

STATEMENT AS OF SEPTEMBER 30, 2008 OF THE Great Lakes Health Plan, Inc.

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by Rating Class

	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. Class 1 (a).....	94,252,836	131,820,544	133,807,447	(190,408)	90,885,204	94,252,836	92,075,524	82,827,805
2. Class 2 (a).....	1,953,646	0	0	(2,993)	1,850,290	1,953,646	1,950,653	1,852,614
3. Class 3 (a).....	0	0	0	0	0	0	0	0
4. Class 4 (a).....	0	0	0	0	0	0	0	0
5. Class 5 (a).....	0	0	0	0	0	0	0	0
6. Class 6 (a).....	0	0	0	0	0	0	0	0
7. Total Bonds	96,206,482	131,820,544	133,807,447	(193,401)	92,735,494	96,206,482	94,026,177	84,680,419
PREFERRED STOCK								
8. Class 1	0	0	0	0	0	0	0	0
9. Class 2	0	0	0	0	0	0	0	0
10. Class 3	0	0	0	0	0	0	0	0
11. Class 4	0	0	0	0	0	0	0	0
12. Class 5	0	0	0	0	0	0	0	0
13. Class 6	0	0	0	0	0	0	0	0
14. Total Preferred Stock	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock	96,206,482	131,820,544	133,807,447	(193,401)	92,735,494	96,206,482	94,026,177	84,680,419

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$.....56,148,661 ; NAIC 2 \$.....; NAIC 3 \$.....; NAIC 4 \$.....; NAIC 5 \$.....; NAIC 6 \$.....

SCHEDULE DA - PART 1

Short-Term Investments Owned End of Current Quarter					
	1	2	3	4	5
	Book/Adjusted Carrying Value	Par Value	Actual Cost	Interest Collected Year To Date	Paid for Accrued Interest Year To Date
8299999 Totals	56,148,661	XXX	56,148,661	165,006	0

SCHEDULE DA - VERIFICATION

Short-Term Investments		
	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	40,649,125	71,713,280
2. Cost of short-term investments acquired	401,962,988	481,187,724
3. Accrual of discount.....	30,642	88,640
4. Unrealized valuation increase (decrease).....	0	0
5. Total gain (loss) on disposals.....	0	0
6. Deduct consideration received on disposals.....	386,494,093	512,340,519
7. Deduct amortization of premium.....	0	0
8. Total foreign exchange change in book/adjusted carrying value.....	0	0
9. Deduct current year's other than temporary impairment recognized.....	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	56,148,661	40,649,125
11. Deduct total nonadmitted amounts.....	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	56,148,661	40,649,125

Schedule DB - Part F - Section 1

NONE

Schedule DB - Part F - Section 2

NONE

SCHEDULE E-VERIFICATION
(Cash Equivalents)

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	0	0
2. Cost of cash equivalents.....	0	97,273,525
3. Accrual of discount.....	0	225,090
4. Unrealized valuation increase (decrease).....	0	0
5. Total gain (loss) on disposals.....	0	14
6. Deduct consideration received on disposals.....	0	97,498,628
7. Deduct amortization of premium.....	0	0
8. Total foreign exchange change in book/adjusted carrying value.....	0	0
9. Deduct current year's other than temporary impairment recognized.....	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	0	0
11. Deduct total nonadmitted amounts.....	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	0	0

Schedule A - Part 2

NONE

Schedule A - Part 3

NONE

Schedule B - Part 2

NONE

Schedule B - Part 3

NONE

Schedule BA - Part 2

NONE

Schedule BA - Part 3

NONE

STATEMENT AS OF SEPTEMBER 30, 2008 OF THE Great Lakes Health Plan, Inc.

SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

[illegible]

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues

E04

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of by the Company During the Current Quarter

1	2	3	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21	22	
CUSIP Identification	Description	Filing Date	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/Adjusted Carrying Value	Unrealized Valuation Increase/(Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change in B/A,C,V (11 + 12 - 13)	Total Foreign Exchange Change in B/A,C,V	Book/ Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/Stock Dividends Received During Year	Maturity Date	NAIC Designation or Market Indicator (a)	
912828-WX-1	Rev Treasury Note 2.125% 04/30/10		07/22/2008	Citi Group		619,969	625,000	620,898	0	0	325	0	325	0	621,224	0	(1,255)	(1,255)	3,032	04/30/2010	1	
0399999 - Bonds - U.S. Governments						619,969	625,000	620,898	0	0	325	0	325	0	621,224	0	(1,255)	(1,255)	3,032	XXX	XXX	
31283K-6P-8	FHLMC Pool G11778 MBS 5.500% 10/01/20		07/01/2008	Paydown		8,038	8,038	8,062	8,060	0	(22)	0	(22)	0	8,038	0	0	0	258	10/01/2020	1	
31283K-6P-8	FHLMC Pool G11778 MBS 5.500% 10/01/20		08/01/2008	Paydown		3,907	3,907	3,919	3,918	0	(11)	0	(11)	0	3,907	0	0	0	143	10/01/2020	1	
31283K-6P-8	FHLMC Pool G11778 MBS 5.500% 10/01/20		09/01/2008	Paydown		3,213	3,213	3,222	3,222	0	(9)	0	(9)	0	3,213	0	0	0	133	10/01/2020	1	
3128P-J-LI-9	FHLMC Pool J06631 MBS 5.000% 01/01/23		07/01/2008	Paydown		4,831	4,831	4,836	4,836	0	(5)	0	(5)	0	4,831	0	0	0	141	01/01/2023	1	
3128P-J-LI-9	FHLMC Pool J06631 MBS 5.000% 01/01/23		08/01/2008	Paydown		4,738	4,738	4,743	4,743	0	(5)	0	(5)	0	4,738	0	0	0	158	01/01/2023	1	
3128P-J-LI-9	FHLMC Pool J06631 MBS 5.000% 01/01/23		09/01/2008	Paydown		11,833	11,833	11,845	11,845	0	(12)	0	(12)	0	11,833	0	0	0	444	01/01/2023	1	
31376J-VP-1	FMAA Pool 357122 MBS 6.000% 05/01/16		07/01/2008	Paydown		632	632	643	642	0	(9)	0	(9)	0	632	0	0	0	22	05/01/2016	1	
31376J-VP-1	FMAA Pool 357122 MBS 6.000% 05/01/16		08/01/2008	Paydown		738	738	750	749	0	(11)	0	(11)	0	738	0	0	0	30	05/01/2016	1	
31376J-VP-1	FMAA Pool 908576 MBS 6.000% 05/01/16		09/01/2008	Paydown		537	537	546	545	0	(8)	0	(8)	0	537	0	0	0	24	05/01/2016	1	
31411H-WZ-0	FMAA Pool 908576 MBS 6.000% 01/01/22		07/01/2008	Paydown		292	292	297	296	0	(5)	0	(5)	0	292	0	0	0	10	01/01/2022	1	
31411H-WZ-0	FMAA Pool 908576 MBS 6.000% 01/01/22		08/01/2008	Paydown		248	248	252	252	0	(4)	0	(4)	0	248	0	0	0	10	01/01/2022	1	
31411H-WZ-0	FMAA Pool 908576 MBS 6.000% 01/01/22		09/01/2008	Paydown		249	249	254	253	0	(4)	0	(4)	0	249	0	0	0	11	01/01/2022	1	
60636J-E2-5	MO St Hsg Dev Comm Sgl Rev Bond Call Sln 100.0000		09/01/2008	Call		5,000	5,000	5,219	5,211	0	(211)	0	(211)	0	5,000	0	0	0	253	03/01/2038	1FE	
3199999 - Bonds - Special Revenues						44,257	44,257	44,586	44,571	0	(315)	0	(315)	0	44,257	0	0	0	1,636	XXX	XXX	
55255P-AU-4	M&I Auto Ln Tr 2005-1 A4 ABS 4.960% 03		07/20/2008	Paydown		7,574	7,574	7,539	7,541	0	34	0	34	0	7,574	0	0	0	215	03/21/2011	1FE	
55255P-AU-4	M&I Auto Ln Tr 2005-1 A4 ABS 4.960% 03		08/20/2008	Paydown		17,947	17,947	17,862	17,867	0	80	0	80	0	17,947	0	0	0	581	03/21/2011	1FE	
55255P-AU-4	M&I Auto Ln Tr 2005-1 A4 ABS 4.960% 03		09/20/2008	Paydown		16,051	16,051	15,976	15,980	0	71	0	71	0	16,051	0	0	0	585	03/21/2011	1FE	
59070-AB-2	Merrill Auto Tr 2007-1 A2 ABS 5.430% 0		07/15/2008	Paydown		22,648	22,648	22,611	22,616	0	32	0	32	0	22,648	0	0	0	717	01/15/2010	1FE	
59070-AB-2	Merrill Auto Tr 2007-1 A2 ABS 5.430% 0		08/15/2008	Paydown		22,021	22,021	21,985	21,989	0	31	0	31	0	22,021	0	0	0	797	01/15/2010	1FE	
59070-AB-2	Merrill Auto Tr 2007-1 A2 ABS 5.430% 0		09/15/2008	Paydown		20,453	20,453	20,420	20,424	0	29	0	29	0	20,453	0	0	0	833	01/15/2010	1FE	
654746-AB-2	Nissan Auto rec 2007-B A2 ABS 5.130% 0		07/15/2008	Paydown		4,132	4,132	4,131	4,131	0	0	0	0	0	4,132	0	0	0	124	03/15/2010	1FE	
654746-AB-2	Nissan Auto rec 2007-B A2 ABS 5.130% 0		08/15/2008	Paydown		12,523	12,523	12,523	12,523	0	0	0	0	0	12,523	0	0	0	428	03/15/2010	1FE	
654746-AB-2	Nissan Auto rec 2007-B A2 ABS 5.130% 0		09/15/2008	Paydown		11,832	11,832	11,831	11,831	0	0	0	0	0	11,832	0	0	0	455	03/15/2010	1FE	
903279-AC-1	USAA Auto Own Tr 2006-3 A3 ABS 5.360%		07/15/2008	Paydown		12,941	12,941	12,961	12,957	0	(17)	0	(17)	0	12,941	0	0	0	405	06/15/2009	1FE	
903279-AC-1	USAA Auto Own Tr 2006-3 A3 ABS 5.360%		08/15/2008	Paydown		12,467	12,467	12,487	12,483	0	(16)	0	(16)	0	12,467	0	0	0	446	06/15/2009	1FE	
903279-AC-1	USAA Auto Own Tr 2006-3 A3 ABS 5.360%		09/15/2008	Paydown		11,020	11,020	11,037	11,034	0	(14)	0	(14)	0	11,020	0	0	0	443	06/15/2009	1FE	
4599999 - Bonds - Industrial and Miscellaneous						171,608	171,608	171,363	171,376	0	232	0	232	0	171,608	0	0	0	6,029	XXX	XXX	
6099997 - Bonds - Part 4						835,834	840,865	836,847	215,948	0	242	0	242	0	837,088	0	(1,255)	(1,255)	10,697	XXX	XXX	
6099999 - Total - Bonds						835,834	840,865	836,847	215,948	0	242	0	242	0	837,088	0	(1,255)	(1,255)	10,697	XXX	XXX	
6599999 - Total - Preferred Stocks						0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
7299999 - Total - Common Stocks						0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
7399999 - Total - Preferred and Common Stocks						0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
7499999 Totals						835,834	XXX	836,847	215,948	0	242	0	242	0	837,088	0	(1,255)	(1,255)	10,697	XXX	XXX	

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues

Schedule DB - Part A - Section 1

NONE

Schedule DB - Part B - Section 1

NONE

Schedule DB - Part C - Section 1

NONE

Schedule DB - Part D - Section 1

NONE

Schedule E - Part 2 - Cash Equivalents

NONE

Medicare Part D Coverage Supplement

NONE